



CANCELLATION OF ELECTIVE COVERAGE FOR EXCLUDED EMPLOYMENTS

The following categories of employment are not included within the mandatory coverage of the Industrial Insurance laws of Washington, Title 51 of the Revised Code of Washington. Please cancel coverage previously elected and indicated with an "X" in the appropriate box(es).

- ☐ 1. DOMESTIC SERVANTS
- ☐ 2. GARDENING, MAINTENANCE, REPAIR, ETC. IN OR ABOUT THE EMPLOYER'S HOME
- ☐ 3. CASUAL EMPLOYMENT
- ☐ 4. SERVICE IN RETURN FOR AID OR SUSTENANCE ONLY
- ☐ 5. MINOR CHILDREN UNDER 18 YEARS OF AGE ON A FAMILY FARM
- ☐ 6. JOCKEY – RACING
- ☐ 7. MUSICIANS AND ENTERTAINERS
- ☐ 8. VOLUNTEER LAW ENFORCEMENT OFFICERS (full coverage)(6905)
- ☐ 9. VOLUNTEER WORKERS (Med Aid only) check one or both boxes below
- ☐ Law Enforcement (6906) ☐ Other (6901) ☐ Community Improvement Project (6901)
- ☐ 10. COMMUNITY SERVICE WORKERS (7203) Project period _____ to _____
- ☐ 11. NEWSPAPER CARRIERS
- ☐ 12. INSURANCE AGENTS, BROKERS OR SOLICITORS
- ☐ 13. STUDENT VOLUNTEERS K – 12 ONLY (Med aid only 6901)
- ☐ 14. Other _____ (please explain)

I, the undersigned, certify that I am authorized to execute this Cancellation for Elective Coverage on behalf of this business, public entity or nonprofit organization. Benefits in accordance with Title 51 RCW are to be provided to all persons, now or hereafter working under this optional coverage until 30 days after written notice of cancellation of this election has been received by the department. I shall post notice of this cancellation at least 30 days before the effective date in the work area of the affected worker(s) and shall personally notify other affected worker(s). (RCW 51.12.110)

This cancellation will not become effective prior to such time as the Department of Labor and Industries receives this signed notification.

Business Name	UBI	Account ID
Business Address	City	State ZIP+4
Applicant's Name	Official Position	
Date	Signature	

State Fund Accounts: MAIL FORM TO:

EMPLOYER SERVICES
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44144
OLYMPIA WA 98504-4144
(360) 902-4817

Note: ➔

If your Account ID starts with 700, 701, or 706

Self Insured Accounts: MAIL FORM TO:

SELF-INSURANCE SECTION
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44891
OLYMPIA WA 98504-4891
(360) 902-6860